

**Maricopa Integrated Health Systems
Formulary Prior Auth Criteria**

Drug: Seroquel (Quetiapine fumarate)

Therapy:

Is indicated in the treatment of Schizophrenia.

Unlabeled uses- treatment of patients with Parkinson's and Alzheimer's disease

Inclusions:

- A) Failure of at least two formulary antipsychotics including- Risperdal
- B) Request need to come from
 - 1) **MLTC and MSSP/Geriatric-**
 - A) **Adults-** GLTC Behavioral provider
 - B) **Children-** Contracted Behavioral provider
 - 2) **Health Select-** County Contracted Behavioral provider

Warnings:

- A) **Neuroleptic Malignant Syndrome (NMS)** has been reported in association with administration of antipsychotic drugs. Clinical manifestations are hyperpyrexia, muscle rigidity, altered mental status and evidence of autonomic instability. Additional signs may include elevated creatinine phosphokinase, myoglobinuria, and acute renal failure
- B) **Tardive Dyskinesia**

Precautions:

- A) **Orthostatic Hypotension-** should be use with caution in patients with known cardiovascular disease or conditions that predispose the patient to hypotension
- B) **Seizures-** should be use with caution in patients with history of seizures
- C) **Dysphagia-** should be use with caution in patients with risk of aspiration pneumonia
- D) **P450 3A Inhibitor-** Coadministration of drugs in this same class reduces oral clearance of quetiapine, resulting in an increase in maximum plasma concentration of quetiapine.
- E) **Pregnancy Category C**

Authorization:

- A) **MLTC-** three months initially then one year with current behavioral note from GLTC (adults) or contracted behavioral provider (children)
- B) **MSSP-** three months initially then to the end of the calendar year with current behavioral note from GLTC
- C) **Health Select-** three months initially then to the end of the calendar year with current behavioral note from County behavioral provider

Medical Director _____

Date _____